

GUIDELINE FOR UHC SUPPORTING MEDICAL EVIDENCE - 21-09-2026

UNDERLYING HEALTH CONDITION	MEDICAL EVIDENCE TO BE PROVIDED (IN ADDITION TO MDF)	MANDATORY	RECOMMENDED
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NOTES:

Specialist medical reports or expert opinions should ideally come from neurology, physical medicine and rehabilitation, neurosurgery, orthopedic/trauma surgery, or hand surgery (as relevant to the UHC).

Documents are **MANDATORY** where they are necessary to confirm the UHC and support presence of EI; Documents are **RECOMMENDED** where they may help clarify severity, chronicity, distribution, or associated features to assist with confirming the UHC, and support the EI / MIC evaluated later during classification. NOTE: The examples of specific diagnoses are provided in each case (i.e. osteosarcoma leading to amputation), however the mandatory and recommended listed medical evidence pertains to any condition leading to amputation above the ankle or wrist irrespective of the cause of the amputation). Where more than one UHC is present, the relevant documents must be provided to support **EACH** UHC.

Examples of UHC's leading to Limb Deficiency			
UHC of osteosarcoma (leading to amputation) above ankle or wrist	Photo without prosthesis, including the athlete's face	x	
	Operative and/or medical reports		x
	X-ray with report if the level is unclear		x
	Prosthetic/orthotic notes		x
UHC of frostbite leading to necrosis and Amputation through ankle/foot or wrist/hand	Photo without prosthesis, including the athlete's face	x	
	Medical report confirming the exact amputation level	x	
	X-ray including the affected area with report	x	
	Operative report where applicable		x
Dysmelia	Prosthetic/orthotic notes		x
	Photo without prosthesis, including the athlete's face	x	
	X-ray report and/or orthopaedic specialist report describing congenital absence, shortening, or malformation	x	
	Previous operative or medical records		x
Growth plate injury resulting in Leg length difference	Prosthetic/orthotic notes		x
	Standing X-ray imaging with report (e.g. scanogram or long-leg X-ray) demonstrating true leg length discrepancy or photo if shortening is around the knee level of healthy leg (10% or greater LLD)	x	
	Orthopaedic report or surgery report if relevant to shortening		x
	Limb length Measurement according to WPV Classification Rules		x
Congenital dysmelia with Arm length difference	Prosthetic/orthotic notes		x
	Medical and/or operative report from a relevant specialist	x	
	X-ray with report	x	
	Photo including the Athlete's face		x
	Prosthetic/orthotic notes		x

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Examples of UHC's leading to Impaired Muscle Power

Post-polio syndrome	Specialist report confirming the diagnosis and describing the pattern of residual muscle weakness	x	
	EMG/NCS		x
	Previous medical and/or operative records		x
	Orthotic records		x
	Photo if demonstrates visible wasting and/or deformities		x
	X-ray where relevant (e.g. length difference)		x
Spina bifida	Specialist report confirming the diagnosis and describing the pattern and severity of impairment	x	
	Relevant surgical history	x	
	Supporting imaging (e.g. X-ray and/or MRI)		x
	Electrodiagnostic findings, where relevant (e.g. where paralysis is present, EMG/NCV/SEP(/MEP))		x
	Documentation of neurological level and completeness of injury (e.g. ASIA classification where applicable)	x	
	Urological or other relevant long-term medical records		x
	Rehabilitation records/notes, if available		x
Brachial plexus injury	Specialist report confirming the diagnosis and documenting the resulting muscle weakness and affected distribution	x	
	EMG/NCS confirming the type and extent of the lesion	x	
	MRI/ultrasound		x
	Operative report		x
	Rehabilitation records/notes		x
Peripheral nerve injury - Acquired	Specialist report confirming the diagnosis and distribution of weakness	x	
	EMG/NCS	x	
	Operative report		x
	MRI/ultrasound		x
	Rehabilitation records/notes		x
Peripheral nerve Injury - Inherited or Congenital, e.g. Charcot Marie Tooth	Specialist report with diagnosis and description of progression of condition and deficits	x	
Spinal cord injury / nerve root injury	Specialist report confirming the diagnosis	x	
	MRI		x
	EMG/NCS/SEP(/MEP) where relevant, particularly for nerve root injury		x
	Operative history	x	
	Documentation of neurological level and completeness of injury (e.g. ASIA classification where applicable)	x	
	Records of associated neurogenic bladder and/or bowel involvement where present		x
	Rehabilitation records and other relevant longitudinal medical records		x
Other	Specialist report confirming the diagnosis and clearly describing the resulting muscle weakness and affected muscle groups	x	
	Any relevant imaging and/or electrodiagnostic testing	x	
	Operative report		x
	Rehabilitation records/notes		x

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Guillain-Barre Syndrome	Specialist (report confirming diagnosis and clearly describing resultant permanent muscle weakness	x	
	EMG/NCS	x	
	Rehabilitation records/notes		x
Multiple Sclerosis	Specialist report confirming the diagnosis and describing the resulting muscle power impairment	x	
	Supporting imaging (e.g. brain and/or spinal MRI)	x	
	Relevant medical history/records	x	
	EMG/NCS where spinal paresis is present		x
	Rehabilitation records/notes		x
	current Expanded Disability Status Scale (EDSS)		x
	Other relevant long-term neurological records		x
Examples of UHC's leading to Impaired Passive ROM			
Post trauma / post-surgical adhesions or contractures	Specialist report confirming the diagnosis and describing the affected joint(s) and degree of passive range of motion restriction	x	
	Relevant operative history	x	
	X-ray or MRI of the affected area	x	
	Rehabilitation records/notes		x
	Previous medical records		x
	Other relevant longitudinal documentation		x
Cancer/ joint pathology resulting in surgery /joint replacement	Specialist report confirming the diagnosis	x	
	Operative report	x	
	X-ray of the affected area	x	
	Rehabilitation records/notes		x
	Other relevant medical records		x
Soft tissue contracture secondary to chronic nerve injury	Specialist report confirming the diagnosis and describing the affected joint(s) and degree of passive range of motion restriction	x	
	Supporting evidence of the underlying nerve injury (Electrodiagnostic findings where relevant)		x
	X-ray of the affected area if deformity present		x
	Operative report where applicable		x
	Rehabilitation records/notes		x
	Other relevant medical records		x
Club foot and other congenital malformations	Specialist report confirming the diagnosis and describing the resulting restriction in passive range of motion	x	
	X-ray of the affected area	x	
	Relevant surgical history where applicable	x	
	Orthotic records		x
	Rehabilitation records/notes		x
	Previous medical records		x
Arthrogryposis Multiplex Congenita	Specialist report confirming the diagnosis and clearly describing the affected joint(s) and degree of passive range of motion restriction	x	
	X-ray of the primary affected areas	x	
	Relevant operative history	x	
	Rehabilitation records/notes		x
	Other relevant medical records		x

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Congenital Hip Dysplasia	Medical report	x	
	X-ray of hips	x	
	Surgical report where applicable	x	
Post Burn Contractures	Medical report of extent and area affected	x	
	Photo (where applicable)	x	
Cancer of extremity bones	Medical report	x	
	Surgical reports where applicable	x	
	X-ray / other imaging	x	
Examples of UHC's leading to Impaired Coordination - i.e. hypertonus, ataxia, athetosis			
Cerebral palsy	Specialist report confirming the diagnosis and describing the pattern and severity of coordination impairment	x	
	Supporting imaging (e.g. brain MRI/CT), if available		x
	Relevant medical and/or operative history	x	
	Documentation of neurological findings		x
	Rehabilitation records/notes		x
	Other relevant longitudinal medical records		x
Traumatic brain injury	Specialist report confirming the diagnosis and describing the resulting coordination impairment	x	
	Supporting imaging (e.g. brain MRI/CT)	x	
	Relevant operative and/or medical history	x	
	Rehabilitation records/notes		x
	Neuropsychological or neurological follow-up records where helpful		x
	Other relevant long-term medical records		x
Acquired brain injury (including tumor, stroke, vasculitis, encephalitis)	Specialist report confirming the diagnosis and describing the resulting coordination impairment	x	
	Supporting imaging (e.g. brain MRI/CT)	x	
	Relevant medical history/records	x	
	Operative history where applicable	x	
	Rehabilitation records/notes		x
	Follow-up neurology records		x
	Other relevant longitudinal medical records		x
Multiple sclerosis	Specialist report confirming the diagnosis and describing the resulting coordination impairment	x	
	Supporting imaging (e.g. brain and/or spinal MRI)	x	
	Relevant medical history/records	x	
	EMG/NCS where spinal paresis is present		x
	Rehabilitation records/notes		x
	current Expanded Disability Status Scale (EDSS)		x
	Other relevant long-term neurological records		x